

REPORT OF VERIFIED POSITIVE DRUG TEST
14 C. F. R. PART 67 AIRMAN MEDICAL CERTIFICATE HOLDER

As the Medical Review Officer (MRO) for the company listed herein, in compliance with the provisions of 14 C. F. R. part 121, appendix I, I am notifying you of a verified positive drug test result on the following individual who holds an airman medical certificate issued pursuant to 14 C. F. R. part 67.

Company Name: _____

Airman's Name: _____

Airman's Social Security Number: _____ Date of Birth: _____

Type of Test : ☐ Pre-employment ☐ Periodic ☐ Random ☐ Post Accident
☐ Reasonable Cause ☐ Follow-up

Date of Drug Test Collection: _____

Test received by MRO from _____ on _____
laboratory name and city date

Date verified as a positive drug test result by MRO: _____

Verified Positive result(s) for: ☐ Cannabinoids-THC ☐ Cocaine Metabolites ☐ Opiates
☐ Amphetamines ☐ Phencyclidine

Date Company Management notified of verified positive drug test result by MRO: _____

☐ Testing of split specimen NOT requested. ☐ Date split specimen testing requested: _____

Split specimen forwarded for testing to _____
laboratory name and city

Date split specimen test result received: _____ ☐ Reconfirmed the presence of the drug or drug metabolite(s).


OR ☐ I have not yet received the test result. I will forward it to the Federal Air Surgeon upon receipt with copy 3 of the custody and control form.

I have enclosed the custody and control form ☐ copies 2 and 4; ☐ copy 3 (if split testing requested);
the substance abuse professional evaluation is ☐ enclosed or ☐ will be forwarded within 2 days of receipt;
☐ any other supporting documentation.

Medical Review Officer Signature

Date

Printed Name

 Telephone Number

Mail to: FAA/Drug Abatement Division, AAM-810, Room 803,
☒ 800 Independence Ave., SW, Washington, DC 20591